## REVOCATION OF POWER OF ATTORNEY AND APPOINTMENT OF NEW POWER OF ATTORNEY with STATEMENT UNDER 37 CFR 3.73(b)

Patent Number
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Derek Alan Oxley
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02/27/2004
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STATEMENT UNDER 37 CFR 3.73(b)	
MOTOROLASOLUTIONS, INC. as assignee of the entire interest of the above-identified	
application or patent by virtue of an executed Assignment, recorded in the U.S. Patent and Trademark Office on <u>04/26/2004</u> at Reel / Frame(s) – <u>015266/0054-0058</u> and Corporate	
Reel/Frame(s) 026081 / 0001-0061.	
I hereby revoke all previous powers of attorney given in the above-identified application:	
A Power	r of Attorney is submitted herewith.
OR	
X I hereby appoint the practitioners at Customer Number: 22917	
X Please change the correspondence address for the above-identified application to:	
The address associated with Customer Number: 22917	
SIGNATURE of Assignee of Record	
Name	Jonathan P. Meyer
Signature	1 + PMW
Title	Motor dia Setutions, Inc.
	Serior Vice President, Intellectual Property Law
Date	June 14, 2011
NOTE: Signat	ures of all the inventors or assignees of record of the entire interest or their representative(s) are

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U>S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450

required. Submit multiple forms if more than one signature is required, see below\*.

forms are submitted.

\* Total of